

ANNUAL REPORT FOR 1910

OF THE

MEDICAL OFFICER OF HEALTH

TO THE

AYLSHAM RURAL DISTRICT COUNCIL.

TO THE

Chairman, Ladies & Gentlemen of the Aylsham Rural District Council.

LADIES AND GENTLEMEN,

I beg to submit the following Report on the Health and Sanitary condition of your District for the year 1910.

POPULATION.—The census of 1901 showed that during the previous ten years the population of the district had decreased by 400, or at the average annual rate of 40, and assuming that the same rate of decrease has continued, I estimate the population for the middle of the year 1910 to be 16,693. On the same assumption the present census will show the population of the district to be 16,653. It is, perhaps, unwise to prophesy until sure, especially where definite figures are concerned, but I venture to express an opinion that the loss in population during the last decade will be found even greater than that discovered by the 1901 census. During the last ten years but few new dwelling houses have been built; the birth-rate has been abnormally low; the local industries have not called for more labour; and the advantages and facilities of emigration have been more forcibly brought before the notice of the inhabitants of country villages by emigration agencies. The effect of all these conditions and influences cannot fail to be shown in the figures of the approaching census by a very decided decrease in the population of rural districts.

BIRTHS.—The number of births registered in the past year was 373, which is equal to the lowest on record for the last ten years. The birth-rate stands at 22·3 per 1000 population. The number of births in the Eynsford Sub-District was 177, and in the Buxton Sub-District 196, but in this latter Sub-District, owing to its larger population, the birth-rate is slightly less than in the Eynsford Sub-District. Thirty-four illegitimate children were born, the Buxton Sub-District being responsible for twenty-one, and the Eynsford for thirteen.

DEATHS.—There have been but 124 deaths registered during the year, which gives the exceedingly low death-rate of 11·6 per 1000 population. This is very satisfactory evidence of the healthiness of the district. The average death-rate for the previous ten years is 14·6.

INFANTILE MORTALITY.—The study of Table I. for the last few years reveals a very marked decline in the infant mortality rate of the district since the year 1906.

In the year 1900 the number of deaths of infants under one year was 56, and the rate per 1000 births 132·3, and for the five years 1901—5 the number averaged 43 and the rate 109·5.

For the five years 1906—10, the average number of deaths fell to 31, and the rate per 1000 births to 79·8, and in the year 1910 only 20 deaths of infants were registered, and the rate per 1000 births was only 53·6. In order to fully appreciate these figures, it should be known that the infant mortality rate in the 76 great towns for the year 1909 averaged 120·2.

A high infant mortality rate means the sacrifice of the lives of infants through parental ignorance, carelessness, or wilful neglect, and is a definite loss to the country, and very rightly considered one of the greatest blots on our modern civilisation. The Aylsham District, for the year 1910 at all events, stands clear of this opprobrium.

In Table V. is found an analysis of the causes of death, and of the precise age at which deaths of infants occurred. It is seen from this Table that ten, or exactly one half of the total number, died at the ages under two months, the cause assigned being “premature birth.” Few child-bearing women in the district are engaged in industrial pursuits, and I know of no other cause operating which would give rise to an unusual number of prematurely born children. The subject deserves investigation, and some additional light might be thrown on it were the births of all still-born and prematurely-born infants registered and notified to the Medical Officer of Health.

Only one death from zymotic disease (whooping cough) is recorded in this table, and to some extent, no doubt, the low rate of infant mortality is due to the absence of zymotic disease among children during the year.

Of five deaths from “Atrophy, Debility, and Marasmus,” two occurred in the first two days of life, and it is unlikely, therefore, that the deaths of these two infants were due to preventible causes. This leaves but three to which mismanagement or neglect might have contributed.

It is satisfactory to know that all the deaths of infants under one year of age were certified, and that only one among them was of an illegitimate child.

OLD AGE MORTALITY.—Out of a total of 194 deaths of all ages, 112, or 57 per cent., were of persons over 65 years of age. A death was registered of a person over 101 years old.

INFECTIOUS DISEASE.

UN-NOTIFIABLE INFECTIOUS DISEASE.—The two un-notifiable infectious diseases—measles and whooping cough—which often alarmingly swell the list of deaths among children, fortunately have been little in evidence during 1910. There were no deaths from measles, and but one from whooping cough. To a great extent, no doubt, the freedom of the district from these two maladies may be due to the fact that a large number of children are at the present immune, having suffered from attacks in recent epidemics, but there is now another influence controlling the spread of infectious disease among children. By the system lately introduced by the School Medical Officer, all suspected cases of infectious disease among children attending school are at once reported by the head teacher both to the School Medical Officer and to the District Medical Officer of Health. In this way measles and whooping cough have practically become notifiable diseases, and therefore more or less under control. No difficulties have arisen with regard to the exact part to be played by the School Medical Officer and myself in carrying out this important part of my work, and I am confident that the new arrangement will result in saving many lives of children, as well as a help in securing a better school attendance.

Influenza was the cause of seven deaths. The majority of persons dying from this disease were in advanced life.

NOTIFIABLE INFECTIOUS DISEASE.—Cases notified, 29. Rate per 1000 population, 1·7.

TABLE SHOWING DISTRIBUTION OF NOTIFIED INFECTIOUS DISEASE.

	Aldborough.	Aylsham.	Blickling.	Burgh.	Cawston.	Foulsham.	Hackford.	Ingworth.	Itteringham.	Kerdiston.	Marsham.	Sall.	Scotow.	Swanton Abbott.	Thurning.	Whitwell.	Wood Norton.	TOTALS.
DIPHTHERIA											2	1	2	1	2			8
ERYSIPELAS	2			1	1		1											5
SCARLET FEVER ...	1	1	4			3		2	1	1						1	1	15
ENTERIC FEVER ...		1																1
PUERPERAL FEVER																		
TOTALS.....	3	2	4	1	1	3	1	2	1	1	2	1	2	1	2	1	1	29

DIPHTHERIA.—It is satisfactory to record that no death occurred from diphtheria during the past year. Eight cases were notified, and this compares well with an average of twenty-five for the previous three years. The cases notified, though not fully representing the number which actually occurred in the district, owing to mild forms of the disease often failing to attract attention, yet give a far more faithful account of the prevalence of diphtheria than was possible a few years ago when bacteriological aids to diagnosis were rarely employed.

The absence during last year of any fatal case, and the decline in the number notified, is a distinct encouragement to continue the careful supervision of all infected children, which has been carried out during the last two or three years.

The reports of head teachers notifying sore throats among children attending school, are of special value in giving information which often leads to the discovery of the existence of Diphtheria long before a notification under the Infectious Diseases (Notification) Act reaches me.

The Diphtheria Antitoxin (outside London) Order has been considered by the Sanitary Committee. Many of the requirements of this Order were already being carried out in the district. At the present time the following procedure is recognised with regard to the taking of swabs and the administration of antitoxin :—

1.—The District Council provides for bacteriological examination of swabs, free of expense, to medical men who may be in doubt as to the nature of any disease which possibly might be Diphtheria.

2.—The District Council provides for the bacteriological examination of the throats of all children known to have suffered from Diphtheria, so as to ensure their being free from infection before returning to school. A fee of 2s. 6d. is paid to the medical practitioner for taking the swab.

3.—Prophylactic injections of antitoxin are given by the medical practitioner attending the case at the discretion and by the direction of the Medical Officer of Health. For each prophylactic injection the practitioner is paid a fee of 5s., which includes the cost of the antitoxin.


4.—Curative injections of antitoxin are given at the discretion of the medical practitioner attending the case, and the actual cost of the antitoxin used is refunded by the District Council.

5.—It has not been found practicable to maintain a stock of antitoxin which would be within easy reach of all medical men practising in the district. It has, therefore, been thought better for each practitioner to provide antitoxin for his own use.

6.—The Medical Officer of Health makes use of the free examination of swabs when investigating outbreaks of Diphtheria. He receives no fees, and has no instructions to personally administer antitoxin, either as a prophylactic or curative agent.

SCARLET FEVER.—For some years past I have included in my Annual Report a table showing the incidence of Scarlet Fever as to the time of year and locality. On referring back to these reports, I find that the tables present remarkable similarities in some important particulars :—

1.—There has been an absence of fatal cases.



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2.—Since the year 1906, when the disease was prevalent, the total number of cases in any one year has not been more than 16 nor less than 13.

3.—The number of cases occurring in any one parish in any one month has most often been ONE. Very rarely have four been notified, and in no instance since 1906, more than four.

The following conclusions may fairly be drawn from the above facts:—

- 1.—That the type of the disease experienced in the district has been mild.
- 2.—That each year there is about the same amount of infection brought into the District.
- 3.—That the infection, when introduced, is most often limited to the primary case, and rarely extends beyond a single household, and never to a serious extent.

The general conclusion being that, although it has not been found necessary to make use of the Isolation Hospital, the measures taken during recent years for the control of Scarlet Fever have been adequate and satisfactory.

During the year 1910 fifteen cases of Scarlet Fever were notified, and there were no deaths. In September, three members of the same family, living at Blickling, suffered from the disease, and this was the only instance of as many as three cases occurring in one month in the same village.

TABLE SHOWING THE INCIDENCE OF SCARLET FEVER.
There were no deaths.

	Aldborough.	Aylsham.	Blickling.	Foulsham.	Ingworth.	Itteringham.	Kerdiston.	Whitwell.	Wood Norton.	TOTALS.
JANUARY		1	1							2
FEBRUARY ..										
MARCH					2					2
APRIL										
MAY										
JUNE									1	1
JULY										
AUGUST				1		1				2
SEPTEMBER ..			3							3
OCTOBER				2				1		3
NOVEMBER ..										
DECEMBER ..	1						1			2
TOTALS	1	1	4	3	2	1	1	1	1	15

ENTERIC FEVER.—Only one case of Enteric Fever was notified during the year. It was not a fatal case. The patient lived in Aylsham, and the sanitary surroundings of the cottage he occupied appeared to be satisfactory. No source of infection could be discovered, and enquiries made with regard to the possibility of shell fish infection gave negative results.

TUBERCULOSIS.—Seven deaths were registered as due to Pulmonary Tuberculosis, and three to other tubercular diseases, making a total of ten. This gives:—

A Phthisis death-rate of 0.41; and
A Tubercular death-rate of 0.59.

Under the Public Health (Tuberculosis) Regulations, 1908, I have received four notifications of “poor persons” suffering from Pulmonary Tuberculosis. Two of these have since died. The usual precautions were taken in each case to limit the spread of the disease, viz.: the patient was given a printed card of instructions and advice, a supply of Jeye’s Fluid, an aluminium spitting cup, and, when needed, a Crossley spitting cup. In case of death, the room occupied by the patient has been disinfected.

CANCER.—Sixteen deaths were registered as due to Cancer, which gives a Cancer death-rate of .94. This is rather below the County rate for the previous year.

SMALLPOX.—There have been no cases of Smallpox notified.

VACCINATION.

EYNSFORD SUB-DISTRICT.

Primary Vaccinations	...	...	...	137 (births 177)
Children exempted under “Conscience Clause”	...	...	...	20
Summonses	...	...	...	0

BUXTON SUB-DISTRICT.

Primary Vaccinations	...	...	...	161 (births 196)
Children exempted under the “Conscience Clause”	...	...	...	26
Summonses	...	...	...	0

The records of Vaccination, which now for several years have appeared in my Annual Reports, show a steady and somewhat rapid increase in the number of children exempted under the “Conscience Clause.” My experience is that, in rural districts, the profoundest ignorance exists with regard to Vaccination. Many parents consider the object of the operation is to strengthen the infant, and have no idea that it has anything to do with the prevention of Smallpox. “Conscientious Objectors” are now, for the most part, ignorant persons who, under existing conditions, find it far less trouble to obtain the signature of a magistrate than to nurse a baby with a vaccinated arm. The district is rapidly becoming a fertile field for the propagation of Smallpox, should the infection unhappily be introduced.

ISOLATION.—The Isolation Hospital, with accommodation for three patients and a nurse, has been kept in repair, but during the past year there has been no occasion to make use of it.

SANITARY CONDITION OF THE DISTRICT.

By the sad and very sudden death of Mr. John Golding, the late Inspector of the Eynsford Sub-District, in August last, the Council were deprived of a conscientious and most efficient officer, while, for myself, it was the loss of a valued friend and trustworthy colleague.

As a temporary measure, the sanitary work of the Eynsford Sub-District was entrusted to Mr. Le Neve, the Relieving Officer, while Mr. Preston, in addition to his work as Inspector for the Buxton Sub-District, had charge of both Sub-Districts as Road Surveyor. This arrangement lasted until November, when Mr. James Weatherbed, C.R.S.I., was appointed as a whole time officer for the entire district.

The advantage of having an Inspector with special training, and who is able to devote his whole time and energy to the duties of his office, is already apparent, and it will now be possible to carry out systematic inspections and to keep valuable records of work accomplished each year.

The circumstances recorded above render it impossible for me to give the information which usually forms the most important part of this section of my Annual Report. A considerable amount of sanitary work has been carried out, complaints have been considered, and nuisances have been abated, but I regret I am not able to give details or express the work done in figures.

DRAINAGE.—The public drains in the small towns of the district continue to act satisfactorily. One of the least satisfactory out-falls of the Aylsham system, that into the Bullrush Pond, was under consideration at the close of the year. Plans were submitted to the Sanitary Committee with the view of connecting this drain with the Burgh Road drain, and if the levels permit of this being carried out, a very great improvement will be effected.

RIVER POLLUTION.—In my Annual Report for 1909 I referred to an inspection made by myself of the sources of pollution of the river Bure as it passes through the village of Coltishall. A certain number of these have already been cut off, and the remainder are at the present time engaging the attention of the Inspector and myself. I rely with confidence on the support of the Council in carrying through this important work.

WATER SUPPLY.—There is no public water supply to any of the villages or small towns in the District. I have no remarks to make with regard to the general condition of private wells beyond what has appeared in former Annual Reports.

PUBLIC SCAVENGING.—The scavenging of the town of Aylsham continues to be carried on in a satisfactory manner. The scavenger has now on his list 269 privy pails and 165 bins. The pails are for the most part emptied twice a week and the bins as often as required.

In my Annual Report for 1909 I expressed the opinion that great benefit would result from the introduction of public scavenging in the town of Reepham. During the summer I made an inspection which fully confirmed my opinion as to the necessity of some action being taken to secure the more frequent emptying of privy bins and ash pits in the more crowded parts of this town. I have no doubt that if public scavenging were adopted, many privy bins and ash pits, which are now a source of nuisance and injurious to health, would give place to pail closets and sanitary dustbins as has been the case in Aylsham.

HOUSING & TOWN PLANNING ACT, 1909.—Nothing has been accomplished during the year beyond making a thorough preparation for carrying out the provisions of this Act. Sheets, adapted with slight alteration from the model suggested by the County Medical Officer of Health, have been provided. Each sheet, divided into 18 columns, with 24 headings, will afford space for the full description of four cottages, and will include all the information required under Articles II. and III. of the Local Government Board Order of the 2nd September, 1910.

If carried out in its full extent, the administration of this important Act will no doubt give rise to a very great increase in the work both of your Officers and of the Sanitary Committee. Difficulties will have to be met, more especially should it become necessary to make use of that part of the Act which is concerned with the building of additional cottages where the housing accommodation is insufficient. However, I am confident that the extended powers granted under the Act to Rural District Councils, used with the moderation, which is characteristic of your Sanitary Committee, will not fail to effect a very decided improvement in the sanitary condition of the cottages of the District.

The records of the systematic inspection of dwelling houses will present a very faithful account to the Council of the sufficiency or otherwise of the cottage accommodation in each village. But perhaps a more immediately practical use of the Act is to be found in the provisions of Sect. 15, under which, in the letting of a dwelling house, there is an implied contract that it must be maintained by the landlord in a state "reasonably fit for human habitation." As the description of each cottage is passed in review, your Committee will have opportunity of causing to be remedied any sanitary defect or deficiency discovered in individual cottages, so as to ensure that they may be "reasonably fit for habitation"

I believe few, if any, cottages in your District will be found in so dilapidated a state as to need to be closed under Sect. 17 of the Act. I offer this opinion after reading the description of the cottage at East Runton, which recently, on an appeal being made to the Local Government Board, was pronounced to be "fit for human habitation."

FACTORIES & WORKSHOPS ACT, 1901.—At the close of the year there were on the register thirty-two factories and one hundred and four workshops. There are, however, no factories employing more than a few hands, and the workshops to a large extent consist of blacksmiths' and carpenters' shops.

I have the honour to remain,

Your Obedient Servant,

H. H. BACK, M.B., (Lond.),

Medical Officer of Health to the Aylsham Rural District Council.

Acle, Norfolk,

March, 1911.

